

Samples To Be Taken At POE Only

System Name

Owner/Contact Person

(_____)_____
Owner/Contact Fax Number

Date Q1 Collected _____

- Date Q2 Collected _____

Date Q3 Collected _____

Date Q4 Collected _____

>>>To be filled out by laboratory personnel<<<

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL
	15 pCi/L		Adjusted Gross Alpha	4000			
		3 pCi/L	Gross Alpha	4002			
			Radon	4004			
	30 µg/L	(reserved)	Combined Uranium	4006			
			Uranium 234	4007			
			Uranium 235	4008			
			Uranium 238	4009			
	5 pCi/L	1 pCi/L	Combined Radium (226,228)	4010			
		1 pCi/L	Raduim 226	4020			
		1 pCi/L	Raduim 228	4030			

>>>To be filled out by laboratory personnel<<<

Specimen Number: _____

Lab ID Number: _____ Lab Name: _____

Comments: _____ Authorized Signature: _____

Date Public Water System Notified: _____